European study of fertility in Crohn's disease

SIR,—We would like to thank Dr Purrmann and his colleagues (*Gut* 1986; **27:** 1516) for their comments. They have failed to grasp the purpose of the study, however, which was to determine the overall effect of Crohn's disease on conception and pregnancy. To simply limit the study to the 182 married pairs would have failed to take account of national differences towards marriage and conception outside marriage, and also the effects of Crohn's disease on marriage itself. We rather chose to analyse all the cases, those who had been married at some time and those were were married at the time of the study. In this three level analysis the most significant differences in fertility were seen in the smaller group of 182 pairs, but significance was obtained for each group.

As to those women who had been advised against pregnancy or wished to avoid it less (45%) took contraceptive precautions than did controls (50%). It is quite possible that women with Crohn's disease are less sexually active than healthy controls but this is part of 'infertility' as was carefully defined in the paper, and is part of the disease.

This European report, which remains the first case controlled study, has clearly shown that women with Crohn's disease, despite less use of contraception, have less conceptions and less children than healthy controls. This is important practical information that can be given to concerned patients. Our next efforts in this field must be to identify the causes of this reduced fertility and where possible correct them.

JOHN F MAYBERRY

Department of Therapeutics,
Queen Medical Centre,
University Hospital of Nottingham,
Clifton Boulevard,
Nottingham.

Books

Infections of the gastrointestinal tract. Edited by P D Manuel, J A Walker-Smith, A Tomkins. (Pp. 239; illustrated; £32.) Edinburgh: Churchill Livingstone, 1986.

As the number of new infections of the gastrointestinal tract increases, so do the published texts. This is certainly the most attractive publication so far, largely because it is presented in the double column format, extensively illustrated with line diagrams, black and white photographs and a multitude of Tables. The editors have assembled a small group of experts who in general have produced excellent contributions, although some are less readable than others. The chapter on 'colitis' consists mainly of dense text without the relief of illustrations, which are so highly prevalent throughout the rest of the book.

Most topics are covered, although notable omissions are *Aeromonas*, *Plesiomonas* and *Campylobacter pyloridis*. The text leans gently towards the particular problems of infections in children, but this is hardly surprising from the interest and experience of the contributors. Nevertheless, this publication will be of great use to both adult and paediatric gastroenterologists alike, as it is easy to use as a reference source, contains practical guidance on management, and is extremely well referenced throughout.

M J G FARTHING

Liver failure Edited by Roger Williams. (Pp. 230; illustrated; £24) Edinburgh: Churchill Livingstone, 1986.

Liver failure is an increasingly common cause of death and in most patients the underlying cause is cirrhosis but in a few cases a previously healthy liver is suddenly the site of devastating damage usually by drugs or viruses. There has been a great deal of progress in the last 10 to 15 years in understanding the pathophysiological disturbances which lie behind the complex multifaceted clinical picture of liver failure and Dr Roger Williams has assembled an experienced team to review the field.

Hepatic encephalopathy is now thought to be caused by a disturbance in gamma-aminobutyric acid (GABA) metabolism and less importance is laid on ammonia metabolism and the false neurotransmitter hypothesis fashionable 10 years ago. E Anthony Jones presents this complex field lucidly. Cerebral oedema is a common and lethal development in hepatic failure and Ede and Williams emphasise the value of intracranial pressure monitoring and the use of intravenous mannitol. The marked cardiovascular and pulmonary changes in liver failure are the subject of a chapter well documented by the King's College Hospital experience. It has also recently been appreciated that changes in the microcirculation starve essential tissues of oxygen despite adequate systemic oxygen tension and cardiac output. The causes of renal failure which is such a common and lethal complication of liver failure are presented by Ring-Larsen. Hopefully these recent advances in understanding will lead to more effective treatment. Bacteriological infection is common and must be treated energetically. Cefotaxime has shown to be a more effective antibiotic than the previously favoured combination